

Exhibit A

Research Task Order

Page _____ of _____

Basic Agreement No.	Task Order No.	Modification No.	Modification Date	Term (No. of Months) Prev. _____ New _____	
Project Title			Work Prog No.	Estimated Cost \$0.00	
Principal Investigator Name and Phone		Email	Project Manager Name and Phone		Email
Research Agency		Technical Contact Name and Phone		Email	
Participating Agency		Contact Name and Phone		Email	

Research Area:

Consideration and Payment

The Research Agency agrees to perform all the Research Tasks set forth in the attached proposal for the consideration therein, which by this reference becomes a part of this Task Order. The obligation and rights of the parties to this Task Order shall be subject to and governed by this Task Order and the Master Research Agreement.

☐ The attached "Scope of Work" by this reference become a part of this Task Order

Initial Start Date: _____ Completion Date: ☐ Original ☐ Revised _____

The State agrees to reimburse the Research Agency for actual direct costs and related indirect costs as specified in the following schedule.

☐ Total reimbursement for direct and indirect costs shall not exceed: \$0.00

This modification: ☐ Increases ☐ Decreases the total funds for this Task Order by: _____

☐ Reimbursement for related indirect costs shall not exceed: _____ percent of the allowable direct cost chargeable to the project.

☐ Billings detailing charges and expenses incurred shall be submitted for payment monthly.

☐ The final billing must be identified by the word "Final".

☐ Other financial requirements specified in Scope of Work.

Deliverables

☐ Progress Report Date: _____

☐ Final Report: **Draft:** Copies Needed: 6 printed 1 electronic Due Date: _____

Final: Copies Needed: 1 printed and 1 electronic Due Date: _____

☐ Reports Required: ☐ Summary ☐ Technical ☐ One Page Summary (Re: WSDOT Research Report Requirements)

☐ Other Materials or Documents as specified in the Scope of Work

Research Agency Address	Washington State Transportation Center (TRAC)	Washington State Department of Transportation Research Office MS 47372 Transportation Building Olympia, WA 98504-7372
By (Signature)	By (Signature)	By (Signature)
Name _____	Name _____	Name <u>Leni Oman</u>
Title _____	Title _____	Title <u>Research Director</u>
Date _____	Date _____	Date _____